

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1			1		51			
2		1				52			
3		1				53			
4		1				54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12		1				62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17		1				67			
18		1				68			
19		1				69			
20		1				70			
21		1				71			
22		1				72			
23		1				73			
24		1				74			
25		1				75			
26		1				76			
27		1				77			
28		1				78			
29		1				79			
30		1				80			
31	1					81			
32	1					82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	29	↓	↓	↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	32					TOTAL CLAIMS			